

Suffolk County Department of Social Services

HOUSING PACKET INSTRUCTIONS

CASE	NAME	CASE NUMBER	_
m pr ad	ust be inspected prior to approval. **. ior expenses listed, an inspection is no	ith Security, Broker's Fee or moving exp If you are <u>not</u> requesting Agency assistance w ot necessary. In order for your case to be u SCO 221) should be completed by your landlo	rith any pdated
Housir Housir Housir Pre-rei Securi Import Proof o	hould also be submitted if a change to the existir	4 I by landlord -2566 gage bill, etc. hey need to establish a Vendor ID # with Suffolk County	y DSS.
he fol	lowing additional paperwork <u>mu</u>	<u>st</u> be included with <u>SSP</u> requests:	
∃If clien	r Supplement Application – SCO 2395 t has SSI or a Non-TA Household memb tion/Relationship Statement – SCO 2397	• • • • • • • • • • • • • • • • • • • •	
he fol	lowing additional paperwork <u>mu</u>	<u>st</u> be included with <u>Section 8</u> request	ts:
	n 8 rental breakdown n 8 contact information		
		ACKETS WILL BE RETURNED***** prior to receiving approval, requested payr	nents
	Yellow Highlighted Sections – Landlord information	n and/or signature needed on forms.	
E	Blue Highlighted Sections – Broker information an	d/or signature needed on forms.	
P	Pink Highlighted Sections – Tenant information an	d/or signature needed on forms.	